

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588297

FILING DATE

NOV 02 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14	/		/			
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		2		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25	/		/			
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30	/		/			
31		/		/		
32		/		/		
33		/		/		
34		/		/		
35		/		/		
36		4		/		
37	/		/			
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		5		/		
45	/		/			
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	55	←	44	←		←
TOTAL CLAIMS	61		50			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55	/		/			
56		/		/		
57		/		/		
58		/		/		
59	/		/			
60		/		/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	8	←	17	←		←
TOTAL CLAIMS	10		19			